EXHIBIT 5

Lutheran Medical Center — Side 1 of 4
Brooklyn, New York 11220

Critical-Care/Progressive Care Nursing Record

MR #: [redacted]
Acct #: [redacted]
Name: VINSON, STEPHEN
Sex: M DOB: [redacted]
Admit Date: 12/22/2013
Loc: SCU 4202P Ch Loc:
Dr: 9928 TRAUMA, NEMR

Patient's Name
Medical Record
Physician's Name
Date

Patient Information Label

☐ ICU ☐ MICU ☒ SICU ☐ CCU ☐ Respiratory Stepdown
☐ Intermediate ☐ PCI Unit ☐ Post Op

IMPORTANT
1. Provider, sign your name, enter date and time.
2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4, MgSO4, u (write "micro"), use 0.1 not .1 ; use 2 not 2.0

I. PHYSICAL ASSESSMENT

Date 12/24/13 | Time 8 AM | Shift ☒ AM ☐ PM | [To be completed at least once per shift]

Activity Chair ☐ Clinical alarms reviewed and individualized

NEUROLOGICAL ☐ See Neurological Flowsheet
LOC: Responsiveness: ☒ Alert ☐ Pain ☐ Verbal ☐ Unresponsive
Orientation ☒ Person ☒ Place ☒ Time
Speech ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Aphasic ☐ Intubated/Trach
Grips: Right ☒ Moves Spontaneously to Commands ☐ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Grips: Left ☒ Moves Spontaneously to Commands ☐ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Pupils: Right ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 4mm
Pupils: Left ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 4mm

CARDIOVASCULAR ☐ See Vascular Flowsheet
DVT Prophylaxis ☒ Mechanical ☐ Pharmacology
Edema: ☐ Absent ☒ Present*

PULSES: Palpable / Doppler / Absent*
RADIAL: ☒ Right ☐ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
DORSALIS PEDIS: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
POST TIBIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left

PACEMAKER: ☐ Temporary Milliamperes ____ Rate ____ ☐ Permanent* ☐ AICD* ☐ AICD/Pacemaker

HEMODYNAMIC MONITORING ☐ N/A
Arterial LINE via R Radial ☐ Insertion Date 11/23
☒ Distal Circulation Intact
☐ Square Wave test completed
PULM ART CATH via ____ ☐ Insertion Date ____
Balloon Inflation for PCWP ____
☐ Square Wave test completed

PULMONARY
Respirations ☒ Symmetrical ☒ Nonlabored ☐ Labored ☐ Accessory Muscle Use ☐ Other*
Breath Sounds ☒ Bilaterally Clear ☐ Other* ☐ Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*
Airway: Endotracheal ☐ Oral ☐ Nasal Size ____ Level ____
Trachea ☐ Trach Care Size ____
☐ Ventilator ☐ VAP Bundle ☐ Settings Checked Against Orders ☐ Noninvasive Ventilator
☐ Cannula 2 Lit ☐ Mask ____ ☐ T Piece ____ ☐ Other ____
Cough ☐ Requires Suctioning* ☒ Productive ☐ Nonproductive

Chest Tubes Anterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ Low Cont. Suction * ____cm ☐ No Air Leak ☐ Fluctuates with Respirations
Chest Tubes Posterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ Low Cont. Suction + ____cm ☐ No Air Leak ☐ Fluctuates with Respirations

GASTROINTESTINAL NGT ☐ To Suction ☐ To Gravity ☐ Peg ☐ Clamped ☐ Placement Checked ☐ Other ____
Drainage Color Blake ☐ Green ☐ Brown ☐ Other*
Abdomen ☒ Soft ☐ Tender ☒ Distended ☐ Other*
Bowel Sounds ☐ Absent* ☒ Present
Incontinent ☐ Stool ☐ Fecal Incontinent System
____ Ostomy

PAIN SCALE (0-10) 2/10
Location LLE abd
Quality throbbing

SKIN ☒ Warm ☒ Dry ☐ Other*
Pressure Ulcer ☐ Yes* ☒ No
☒ Turned at least every 2 hours ☒ Moves Independently

PRECAUTIONS ☐ Seizure ☐ Aspiration ☐ Other* ☒ High Risk
GENITO URINARY ☐ Voiding ☐ Incontinent ☒ Foley care ☐ Other* ☐ Foley D/C'd * ☐ Due to void

Isolation ☐ Airborne ☐ Droplets ☐ Contact
Urine ☐ Clear ☐ Cloudy ☒ Yellow ☐ Concentrated ☐ Hematuria ☐ ____
Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ ____

*RN note required
Pupil Size (mm): 2 3 4 5 6 7 8 9

RN Signature	RN Signature	RN Signature
Print Name Bernina Ahuonor, RN	Print Name	Print Name

Form 1972 (Rev. 10/15/2010)

SV0225

Lutheran Medical Center
Brooklyn, New York 11220

Side 3 of 4

Critical-Care/Progressive Care Nursing Record

Patient's Name (La [redacted]
MR #: [redacted]
Acct #: [redacted]
Name: VINSON, STEPHEN
Sex: M DOB: [redacted]
Admit Date: 12/22/2013
Medical Record Nu Loc: SCU 4202P Ch Loc:
Dr: 9928 TRAUMA, NEMR
Date
Physician's Name

Patient Information Label

IMPORTANT:
1. Provider, sign your name; enter date and time.
2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4 , MgSO4, µ (write "micro"), use 0.1 not .1 ; use 2 not 2.0

I. PHYSICAL ASSESSMENT

Date 12/24/13 | Time 8p | Shift ☐ AM ☒ PM | [To be completed at least once per shift]

☐ ICU ☐ MICU ☒ SICU ☐ CCU ☐ Respiratory Stepdown ☐ Intermediate ☐ PCI Unit ☐ Post Op

Activity CBR

☒ Clinical alarms reviewed and individualized

NEUROLOGICAL ☒ See Neurological Flowsheet

LOC: Responsiveness ☒ Alert ☐ Pain ☐ Verbal ☐ Unresponsive

Orientation ☒ Person ☒ Place ☒ Time

Speech ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Aphasic ☐ Intubated/Trach

Grips: Right ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A

Grips: Left ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A

Pupils: Right ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3mm

Pupils: Left ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3m

CARDIOVASCULAR ☐ See Vascular Flowsheet

DVT Prophylaxis ☒ Mechanical ☐ Pharmacology

Edema: ☐ Absent ☒ Present* generalized

PULSES: Palpable / Doppler / Absent*

	RADIAL	DORSALIS PEDIS	POST TIBIAL
	☐ Right ☐ Left	☐ Right ☐ Left	☐ Right ☐ Left
Palpable	☒ Right ☐ Left	☒ Right ☒ Left	☐ Right ☐ Left
Absent*	☐ Right ☐ Left	☐ Right ☐ Left	☐ Right ☐ Left

PACEMAKER:
☐ Temporary Milliamperes _____ Rate _____ ☐ Permanent ☐ AICD ☐ AICD/Pacemaker

HEMODYNAMIC MONITORING ☐ N/A

Arterial LINE via R Radial ☐ Insertion Date _____
☒ Distal Circulation Intact
☐ Square Wave test completed

PULM ART CATH via _____ ☐ Insertion Date _____
Balloon inflation for PCWP _____
☐ Square Wave test completed

PULMONARY

Respirations ☒ Symmetrical ☐ Nonlabored ☐ Labored ☐ Accessory Muscle Use ☐ Other*

Breath Sounds ☒ Bilaterally Clear ☐ Other* ☐ Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*

Airway: Endotracheal ☐ Oral ☐ Nasal Size _____ Level _____

Trachea ☐ Trach Care Size _____

☐ Ventilator ☐ VAP Bundle ☐ Settings Checked Against Orders ☐ Noninvasive Ventilator

☐ Cannula _____ ☐ Mask _____
☐ T-Piece _____ ☐ Other _____

Cough ☐ Requires Suctioning* ☒ Productive ☐ Nonproductive

Chest Tubes Anterior ☐ Right ☐ Left ☒ N/A
☐ Gravity ☐ Low Cont. Suction + _____cm
☐ No Air Leak ☐ Fluctuates with Respirations

Chest Tubes Posterior ☐ Right ☐ Left ☒ N/A
☐ Gravity ☐ Low Cont. Suction + _____cm
☐ No Air Leak ☐ Fluctuates with Respirations

GASTROINTESTINAL **NGT** ☐ To Suction ☐ To Gravity ☐ Peg ☐ Clamped ☐ Placement Checked ☐ Other _____

Drainage Color ☐ Green ☐ Brown ☐ Other*

Abdomen ☐ Soft ☐ Tender ☒ Distended ☒ Other* wound dsg

Bowel Sounds ☐ Absent* ☒ Present

Incontinent ☐ Stool ☐ Fecal Incontinent System

_____ Ostomy

PAIN SCALE (0 - 10) 4/10

Location

Quality

SKIN ☒ Warm ☐ Dry ☐ Other*

Pressure Ulcer ☐ Yes* ☒ No

☐ Turned at least every 2 hours ☒ Moves Independently

PRECAUTIONS ☐ Seizure ☐ Aspiration ☐ Other* ☒ High Risk

GENITO URINARY ☐ Voiding ☐ Incontinent ☐ Foley care ☐ Other* ☐ Foley D/C'd* ☐ Due to void

Isolation ☐ Airborne ☐ Droplets ☐ Contact

Urine ☐ Clear ☐ Cloudy ☒ Yellow ☐ Concentrated ☐ Hematuria ☐ _____

Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ _____

*RN note required

Pupil Size (mm) 2 3 4 5 6 7 8 9

RN Signature	RN Signature	RN Signature
Print Name A. Ho	Print Name	Print Name

10/15/2010)

Form 1972 L

SV0223

Lutheran Medical Center
Brooklyn, New York 11220

Side 1 of 4

Patient's Name (La
MR #: [redacted]
Acct #: [redacted]
Name: VINSON,STEPHEN
Sex: M DOB: [redacted]
Admit Date: 12/22/2013
Loc: SCU 4202P Ch Loc:
Dr: 9928 TRAUMA, NEMR
Medical Record Nu
Physician's Name
Date

Critical-Care/Progressive Care Nursing Record

IMPORTANT:
1. Provider, sign your name; enter date and time.
2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4 , MgSO4, µ (write "micro"), use 0.1 not .1 ; use 2 not 2.0

Patient Information Label

☐ ICU ☐ MICU ☒ SICU ☐ CCU ☐ Respiratory Stepdown ☐ Intermediate ☐ PCI Unit ☐ Post Op

I. PHYSICAL ASSESSMENT

Date: 12/25/13 Time: 840A Shift: ☒ AM ☐ PM [To be completed at least once per shift]

Activity CMN

☐ Clinical alarms reviewed and individualized

NEUROLOGICAL ☐ See Neurological Flowsheet
LOC: Responsiveness ☒ Alert ☐ Pain ☐ Verbal ☐ Unresponsive
Orientation ☒ Person ☒ Place ☐ Time
Speech ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Aphasic ☐ Intubated/Trach
Grips: Right ☒ Moves Spontaneously to Commands ☐ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Grips: Left ☒ Moves Spontaneously to Commands ☐ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Pupils: Right ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3MM
Pupils: Left ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3MM

CARDIOVASCULAR ☐ See Vascular Flowsheet
DVT Prophylaxis ☒ Mechanical ☒ Pharmacology
Edema: ☐ Absent ☒ Present*

PULSES: Palpable / Doppler / Absent*
RADIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
DORSALIS PEDIS: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
POST TIBIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left

PACEMAKER:
☐ Temporary Milliamperes_____ Rate_____ ☐ Permanent ☐ AICD ☐ AICD/Pacemaker

HEMODYNAMIC MONITORING ☐ N/A
Arterial LINE via (R) Radial ☐ Insertion Date 12/23
☐ Distal Circulation Intact
☐ Square Wave test completed
PULM ART CATH via_____ ☐ Insertion Date_____
Balloon Inflation for PCWP_____
☐ Square Wave test completed

PULMONARY
Respirations ☒ Symmetrical ☒ Nonlabored ☐ Labored ☐ Accessory Muscle Use ☐ Other*
Breath Sounds ☒ Bilaterally Clear ☐ Other* ☐ Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*
Airway: Endotracheal ☐ Oral ☐ Nasal Size 8 Level
Trachea ☐ Trach Care Size
☐ Ventilator ☐ VAP Bundle ☐ Settings Checked Against Orders ☐ NonInvasive Ventilator
☐ Cannula_____ ☐ Mask_____ ☐ T-Piece_____ ☐ Other_____
Cough ☐ Requires Suctioning* ☒ Productive ☒ Nonproductive

Chest Tubes Anterior ☒ N/A ☐ Right ☐ Left ☐ Gravity ☐ Low Cont. Suction + _____cm ☐ No Air Leak ☐ Fluctuates with Respirations
Chest Tubes Posterior ☐ N/A ☐ Right ☐ Left ☐ Gravity ☐ Low Cont. Suction + _____cm ☐ No Air Leak ☐ Fluctuates with Respirations

GASTROINTESTINAL NGT ☐ To Suction ☐ To Gravity ☐ Peg ☐ Clamped ☐ Placement Checked ☐ Other_____
Drainage Color Blood Tinged ☐ Green ☐ Brown ☐ Other*
Abdomen ☐ Soft ☐ Tender ☒ Distended ☐ Other*
Bowel Sounds ☐ Absent* ☒ Present
Incontinent ☐ Stool ☐ Fecal Incontinent System
_____Ostomy

PAIN SCALE (0 - 10) 2/10 Location Abd Quality

SKIN ☒ Warm ☐ Dry ☐ Other*
Pressure Ulcer ☐ Yes* ☒ No
☒ Turned at least every 2 hours ☐ Moves Independently

PRECAUTIONS ☐ Seizure ☐ Aspiration ☐ Other* ☒ High Risk
GENITO URINARY ☐ Voiding ☐ Incontinent ☒ Foley care ☐ Other* ☐ Foley D/C'd * ☐ Due to void

Isolation ☐ Airborne ☐ Droplets ☐ Contact
Urine ☐ Clear ☐ Cloudy ☒ Yellow ☐ Concentrated ☐ Hematuria ☐ _____
Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ _____

*RN note required

Pupil Size (mm) 2 3 4 5 6 7 8 9

RN Signature	RN Signature	RN Signature
Print Name Bernina Almonor, RN	Print Name	Print Name

Form 1972 (Rev. 10/15/2010)

SV0221

Lutheran Medical Center
Brooklyn, New York 11220

Side 3 of 4

Critical-Care/Progressive Care Nursing Record

Patient's Name (Last, ...
Medical Record Num
Physician's Name

MR #: [redacted]
Acct #: [redacted]
Name: VINSON,STEPHEN
Sex: M DOB: [redacted]
Admit Date: [redacted]
Loc: SCU 4202P Ch Loc:
Dr: 9928 TRAUMA, NEMR

Patient Information Label

IMPORTANT:
1. Provider, sign your name; enter date and time.
2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4 , MgSO4, µ (write "micro"), use 0.1 not .1 ; use 2 not 2.0

I. PHYSICAL ASSESSMENT

Date	Time	Shift	
25/12	8P	☐ AM ☒ PM	[To be completed at least once per shift]

☐ ICU ☐ MICU ☒ SICU ☐ CCU ☐ Respiratory Stepdown ☐ Intermediate ☐ PCI Unit ☐ Post Op

Activity_____ ☒ Clinical alarms reviewed and individualized

NEUROLOGICAL ☒ See Neurological Flowsheet
LOC: Responsiveness ☒ Alert ☐ Verbal ☐ Pain ☐ Unresponsive
Orientation ☒ Person ☒ Place ☒ Time
Speech ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Aphasic ☐ Intubated/Trach
Grips: Right ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Grips: Left ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Pupils: Right ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 2mm
Pupils: Left ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 2mm

CARDIOVASCULAR ☐ See Vascular Flowsheet
DVT Prophylaxis SCD's ☒ Mechanical ☒ Pharmacology Heparin SQ
Edema: ☒ Absent ☐ Present*

PULSES: Palpable / Doppler / Absent*
RADIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
DORSALIS PEDIS: ☐ Right ☐ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
POST TIBIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left

PACEMAKER: ☐ Temporary Milliamperes N/A Rate _____ ☐ Permanent ☐ AICD ☐ AICD/Pacemaker

HEMODYNAMIC MONITORING ☐ N/A
Arterial LINE via (R) radial ☒ Insertion Date 23/12
☒ Distal Circulation Intact
☒ Square Wave test completed
PULM ART CATH via N/A ☐ Insertion Date_____
Balloon inflation for PCWP_____
☐ Square Wave test completed

PULMONARY
Respirations ☒ Symmetrical ☒ Nonlabored ☐ Labored ☐ Accessory Muscle Use ☐ Other*
Breath Sounds ☒ Bilaterally Clear ☐ Other* ☐ Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*
Airway: Endotracheal ☐ Oral ☐ Nasal Size N/A Level_____
Trachea ☐ Trach Care Size N/A
☐ Ventilator ☐ VAP Bundle ☐ Settings Checked Against Orders ☐ Noninvasive Ventilator N/A
☒ Cannula 2L02 ☐ Mask_____ ☐ T-Piece_____ ☐ Other_____
Cough ☐ Requires Suctioning* N/A ☐ Productive ☐ Nonproductive

Chest Tubes Anterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ Low Cont. Suction + _____cm ☐ No Air Leak ☐ Fluctuates with Respirations
Chest Tubes Posterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ Low Cont. Suction + _____cm ☐ No Air Leak ☐ Fluctuates with Respirations

GASTROINTESTINAL NGT ☐ To Suction ☐ To Gravity ☐ Peg ☐ Clamped ☐ Placement Checked ☐ Other N/A
Drainage Color ☐ Green ☐ Brown ☐ Other*
Abdomen ☒ Soft ☒ Tender ☒ Distended ☐ Other*
Bowel Sounds ☐ Absent* ☒ Present
Incontinent N/A ☐ Stool ☐ Fecal Incontinent System
N/A Ostomy

PAIN SCALE (0 - 10) 2/10
Location Abdomen
Quality sharp

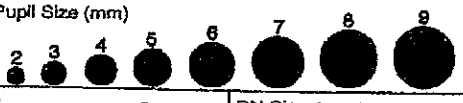
SKIN ☒ Warm chlorohex. bath ☒ Dry ☐ Other*
Pressure Ulcer ☐ Yes* ☒ No
☐ Turned at least every 2 hours ☒ Moves Independently

PRECAUTIONS ☐ Seizure ☐ Aspiration ☐ Other* ☒ High Risk
GENITO URINARY ☐ Voiding ☐ Incontinent ☒ Foley care ☐ Other* ☐ Foley D/C'd * ☐ Due to void

Isolation N/A ☐ Airborne ☐ Droplets ☐ Contact
Urine ☒ Clear ☐ Cloudy ☒ Yellow ☐ Concentrated ☐ Hematuria ☐ _____
Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ N/A

*RN note required

Pupil Size (mm)



RN Signature	RN Signature	RN Signature
RN		
Print Name Aaron J Cinco RN	Print Name	Print Name

Form 197z ...v. 10/15/2010)

Lutheran Medical Center
Brooklyn, New York 11220

Side 1 of 4

Critical-Care/Progressive Care Nursing Record

Patient: MR #: [redacted]
Acct #: [redacted]
Name: VINSON, STEPHEN
Medic: Sex: M DOB: [redacted]
Admit Date: 12/22/2013
Loc: SCU 4202P Ch Loc:
Physic: Dr: 9928 TRAUMA, NEMR
Patient Information Label

Birth Date

IMPORTANT:
1. Provider, sign your name; enter date and time.
2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4 , MgSO4, µ (write "micro"), use 0.1 not .1 ; use 2 not 2.0

☐ ICU ☐ MICU ☒ SICU ☐ CCU ☐ Respiratory Stepdown ☐ Intermediate ☐ PCI Unit ☐ Post Op

I. PHYSICAL ASSESSMENT

Date	Time	Shift	[To be completed at least once per shift]
26/12	8	☒ AM ☐ PM	

Activity CBR

☒ Clinical alarms reviewed and individualized

NEUROLOGICAL
☒ See Neurological Flowsheet
LOC: Responsiveness: ☒ Alert ☐ Pain ☒ Verbal ☐ Unresponsive
Orientation ☒ Person ☒ Place ☒ Time
Speech ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Aphasic ☐ Intubated/Trach

Grips: Right ☒ Moves Spontaneously to Commands ☐ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Grips: Left ☐ Moves Spontaneously to Commands ☐ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A

Pupils: Right ☐ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A — Size
Pupils: Left ☐ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A — Size

CARDIOVASCULAR
☐ See Vascular Flowsheet
DVT Prophylaxis ☒ Mechanical ☒ Pharmacology
Edema: ☐ Absent ☒ Present*

PULSES: Palpable / Doppler / Absent*
RADIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
DORSALIS PEDIS: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
POST TIBIAL: ☒ Right ☐ Left / ☐ Right ☐ Left / ☐ Right ☐ Left

PACEMAKER:
☐ Temporary Milliamperes _____ Rate _____ ☐ Permanent ☐ AICD ☐ AICD/Pacemaker

HEMODYNAMIC MONITORING ☐ N/A
Arterial LINE via RR Radial ☒ Insertion Date 12/22
☒ Distal Circulation Intact
☒ Square Wave test completed

PULM ART CATH via N/A ☐ Insertion Date _____
Balloon inflation for PCWP
☐ Square Wave test completed

PULMONARY
Respirations: ☒ Symmetrical ☒ Nonlabored ☐ Labored ☐ Accessory Muscle Use ☐ Other*
Breath Sounds: ☒ Bilaterally Clear ☐ Other* ☐ Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*

Airway: Endotracheal ☐ Oral ☐ Nasal — Size _____ Level _____
Trachea ☐ Trach Care — Size _____
☐ Ventilator ☐ VAP Bundle ☐ Settings Checked Against Orders ☐ Noninvasive Ventilator

☒ Cannula 3LNC ☐ Mask _____ ☐ T-Piece _____ ☐ Other _____

Cough ☐ Requires Suctioning* ☐ Productive ☐ Nonproductive

Chest Tubes Anterior ☐ Right ☐ Left ☒ N/A
☐ Gravity ☐ Low Cont. Suction + _____cm ☐ No Air Leak ☐ Fluctuates with Respirations

Chest Tubes Posterior ☐ Right ☐ Left ☒ N/A
☐ Gravity ☐ Low Cont. Suction + _____cm ☐ No Air Leak ☐ Fluctuates with Respirations

GASTROINTESTINAL
NGT ☐ To Suction ☐ To Gravity ☐ Peg ☐ Clamped ☐ Placement Checked ☐ Other
Drainage Color: Blackmore ☐ Green ☐ Brown ☒ Other Serosanguinous

Abdomen ☒ Soft ☐ Tender ☐ Distended ☐ Other*
Bowel Sounds: Hypo ☐ Absent* ☒ Present
Incontinent ☐ Stool ☐ Fecal Incontinent System
_____ Ostomy

PAIN SCALE (0 - 10): 0 — Location — Quality

SKIN
☒ Warm ☒ Dry ☐ Other*
Pressure Ulcer ☐ Yes* ☒ No
☒ Turned at least every 2 hours ☐ Moves independently

PRECAUTIONS
☐ Seizure ☐ Aspiration ☐ Other*
☒ High Risk

GENITO URINARY
☐ Voiding ☐ Incontinent ☒ Foley care
☐ Other* ☐ Foley D/C'd * ☐ Due to void

Isolation ☐ Airborne ☐ Droplets ☐ Contact

Urine ☒ Clear ☐ Cloudy ☒ Yellow ☐ Concentrated ☐ Hematuria ☐ _____

Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ _____

*RN note required

Pupil Size (mm): 2 3 4 5 6 7 8 9

RN Signature	RN Signature	RN Signature
Print Name Lorraine Lominy RN	Print Name	Print Name

Form 1972 (Rev. 10/15/2010)

SV0217

Lutheran Medical Center
Brooklyn, New York 11220

Side 3 of 4

Critical-Care/Progressive Care Nursing Record

Patient's Name (Last, First) (MR #: [redacted]
Acct #: [redacted]
Name: VINSON,STEPHEN
Sex: M DOB: [redacted]
Admit Date: 12/22/2013
Loc: SCU 4202P Ch Loc:
Dr: 9928 TRAUMA, NEMR

Medical Record Number

Physician's Name

Patient Information Label

IMPORTANT:
1. Provider, sign your name; enter date and time.
2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4 , MgSO4, µ (write "micro"), use 0.1 not .1 ; use 2 not 2.0

I. PHYSICAL ASSESSMENT

Date	Time	Shift	[To be completed at least once per shift]
27/12	8P	☐ AM ☒ PM	

☐ ICU ☐ MICU ☒ SICU ☐ CCU ☐ Respiratory Stepdown ☐ Intermediate ☐ PCI Unit ☐ Post Op

Activity BR ☒ Clinical alarms reviewed and individualized

NEUROLOGICAL ☒ See Neurological Flowsheet
LOC: Responsiveness ☒ Alert ☐ Pain ☐ Verbal ☐ Unresponsive
Orientation ☒ Person ☒ Place ☒ Time
Speech ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Aphasic ☐ Intubated/Trach

Grips: Right ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Grips: Left ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A

Pupils: Right ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3mm
Pupils: Left ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3mm

CARDIOVASCULAR ☐ See Vascular Flowsheet
DVT Prophylaxis SCD's ☒ Mechanical ☐ Pharmacology
Edema: ☒ Absent ☐ Present*

PULSES: Palpable / Doppler / Absent*
RADIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
DORSALIS PEDIS: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
POST TIBIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left

PACEMAKER: ☐ Temporary Milliamperes N/A Rate ____ ☐ Permanent ☐ AICD ☐ AICD/Pacemaker

HEMODYNAMIC MONITORING ☐ N/A
Arterial LINE via (R) radial ☒ Insertion Date 12/22/13
☒ Distal Circulation Intact
☒ Square Wave test completed
PULM ART CATH via N/A ☐ Insertion Date ____
Balloon inflation for PCWP ____
☐ Square Wave test completed

PULMONARY
Respirations ☒ Symmetrical ☐ Nonlabored ☐ Labored ☐ Accessory Muscle Use ☐ Other*
Breath Sounds ☒ Bilaterally Clear ☐ Other* ☐ Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*

Airway: Endotracheal ☐ Oral ☐ Nasal Size N/A Level ____
Trachea ☐ Trach Care Size N/A
☐ Ventilator ☐ VAP Bundle ☐ Settings Checked Against Orders ☐ Noninvasive Ventilator N/A

☒ Cannula 2L 02 NC ☐ Mask ____ ☐ T-Piece ____ ☐ Other ____
Cough N/A ☐ Requires Suctioning* ☐ Productive ☐ Nonproductive

Chest Tubes Anterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ Low Cont. Suction + ____cm ☐ No Air Leak ☐ Fluctuates with Respirations
Chest Tubes Posterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ Low Cont. Suction + ____cm ☐ No Air Leak ☐ Fluctuates with Respirations

GASTROINTESTINAL NGT ☐ To Suction ☐ To Gravity ☐ Peg ☐ Clamped ☐ Placement Checked ☐ Other N/A
Drainage Color ☐ Green ☐ Brown ☐ Other* N/A

Abdomen ☒ Soft ☒ Tender ☐ Distended ☐ Other*
Bowel Sounds ☐ Absent* ☒ Present
Incontinent N/A ☐ Stool ☐ Fecal Incontinent System
N/A Ostomy

PAIN SCALE (0 - 10) 0
Location ____ Quality ____

SKIN ☒ Warm ☒ Dry chlorohex. bath ☐ Other*
Pressure Ulcer ☐ Yes* ☐ No
☒ Turned at least every 2 hours bed on opti-rest ☐ Moves Independently

PRECAUTIONS ☐ Seizure ☐ Aspiration ☐ Other* ☒ High Risk
GENITO URINARY ☐ Voiding ☐ Incontinent ☒ Foley care ☐ Other* ☐ Foley D/C'd * ☐ Due to void

Isolation ☐ Airborne N/A ☐ Droplets ☐ Contact
Urine ☒ Clear ☐ Cloudy ☒ Yellow ☐ Concentrated ☐ Hematuria ☐ ____
Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ N/A

*RN note required

Pupil Size (mm): 2 3 4 5 6 7 8 9

RN Signature	RN Signature	RN Signature
Print Name Azuon J CNOPN	Print Name	Print Name

Form 1972 (Rev. 10/15/2010)

SV0211

Lutheran Medical Center
Brooklyn, New York 11220

Side 3 of 4

Critical-Care/Progressive Care Nursing Record

Patient's MR #: [redacted]
Acct #: [redacted]
Name: VINSON, STEPHEN
Sex: M DOB: [redacted]
Admit Date: 12/22/2013
Loc: SCU 4202P Ch Loc:
Dr: 9928 TRAUMA, NEMR

Medical R

Birth Date

Physician

Patient Information Label

IMPORTANT:
1. Provider, sign your name; enter date and time.
2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4 , MgSO4, µ (write "micro"), use 0.1 not .1 ; use 2 not 2.0

☐ ICU ☐ MICU ☒ SICU ☐ CCU ☐ Respiratory Stepdown
☐ Intermediate ☐ PCI Unit ☐ Post Op

I. PHYSICAL ASSESSMENT

Date	Time	Shift	[To be completed at least once per shift]
28/12/13	8P	☐ AM ☒ PM	

Activity BR ☒ Clinical alarms reviewed and individualized

NEUROLOGICAL ☒ See Neurological Flowsheet
LOC: Responsiveness ☒ Alert ☐ Verbal ☐ Pain ☐ Unresponsive
Orientation ☒ Person ☒ Place ☒ Time
Speech ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Aphasic ☐ Intubated/Trach
Grips: Right ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Grips: Left ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Pupils: Right ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3mm
Pupils: Left ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3mm

CARDIOVASCULAR ☐ See Vascular Flowsheet
DVT Prophylaxis SCD's ☒ Mechanical ☐ Pharmacology
Edema: ☒ Absent ☐ Present*

PULSES: Palpable / Doppler / Absent*
RADIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
DORSALIS PEDIS: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left
POST TIBIAL: ☒ Right ☒ Left / ☐ Right ☐ Left / ☐ Right ☐ Left

PACEMAKER: ☐ Temporary Milliamperes N/A Rate ____ ☐ Permanent ☐ AICD ☐ AICD/Pacemaker

HEMODYNAMIC MONITORING ☒ N/A
Arterial LINE via ____ ☐ Insertion Date ____
☐ Distal Circulation Intact
☐ Square Wave test completed
PULM ART CATH via N/A ☐ Insertion Date ____
Balloon inflation for PCWP ____
☐ Square Wave test completed

PULMONARY
Respirations ☒ Symmetrical ☒ Nonlabored ☐ Labored ☐ Accessory Muscle Use ☐ Other*
Breath Sounds ☒ Bilaterally Clear ☐ Other* ☐ Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*

Airway: Endotracheal ☐ Oral ☐ Nasal Size N/A Level ____
Trachea ☐ Trach Care Size N/A
☐ Ventilator ☐ VAP Bundle ☐ Settings Checked Against Orders
☐ Noninvasive Ventilator N/A
☒ Cannula 2L 02 ☐ Mask ____ ☐ T-Piece ____ ☐ Other ____
Cough ☐ Requires Suctioning* N/A ☐ Productive ☐ Nonproductive

Chest Tubes Anterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ No Air Leak ☐ Low Cont. Suction + ____cm ☐ Fluctuates with Respirations
Chest Tubes Posterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ No Air Leak ☐ Low Cont. Suction + ____cm ☐ Fluctuates with Respirations

GASTROINTESTINAL NGT ☐ To Suction ☐ To Gravity ☐ Peg ☐ Clamped ☐ Placement Checked ☐ Other N/A
Drainage Color ☐ Green ☐ Brown ☐ Other* N/A
Abdomen ☒ Soft ☐ Tender non tender ☐ Distended ☐ Other* nondistended
Bowel Sounds ☐ Absent* ☐ Present
Incontinent ☐ Stool ☐ Fecal Incontinent System
N/A Ostomy

PAIN SCALE (0 - 10) 0 Location ____ Quality ____

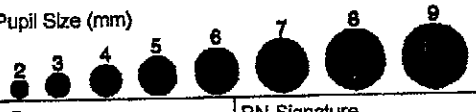
SKIN ☒ Warm ☒ Dry ☐ Other* Chlorohex. bath
Pressure Ulcer ☐ Yes* ☐ No
☒ Turned at least every 2 hours bed on optirest ☐ Moves Independently

PRECAUTIONS ☐ Seizure ☐ Aspiration ☐ Other* ☒ High Risk
Isolation N/A ☐ Airborne ☐ Droplets ☐ Contact

GENITO URINARY ☐ Voiding ☐ Incontinent ☒ Foley care ☐ Other* ☐ Foley D/C'd * ☐ Due to void
Urine ☒ Clear ☐ Cloudy ☒ Yellow ☐ Concentrated ☐ Hematuria ☐ ____
Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ N/A

*RN note required

Pupil Size (mm)



RN Signature	RN Signature	RN Signature
Print Name Agony CNA RN	Print Name	Print Name

Form 1972 (Rev. 10/15/2010)

SV0209

Lutheran Medical Center
Brooklyn, New York 11220

Side 3 of 4

Critical-Care/Progressive Care Nursing Record

Patie MR #: [redacted]
Acct #: [redacted]
Name: VINSON, STEPHEN
Sex: M DOB: [redacted]
Medic Admit Date: [redacted]
Loc: SCU 4202P Ch Loc:
Dr: 9928 TRAUMA, NEMR
Physic

Birth Date

Patient Information Label

☐ ICU ☐ MICU ☒ SICU ☐ CCU ☐ Respiratory Stepdown
☐ Intermediate ☐ PCI Unit ☐ Post Op

IMPORTANT:
1. Provider, sign your name; enter date and time.
2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4, MgSO4, µ (write "micro"), use 0.1 not .1 ; use 2 not 2.0

I. PHYSICAL ASSESSMENT

Date	Time	Shift	[To be completed at least once per shift]
10/07/13	8pm	☐ AM ☒ PM	

Activity OOB to chair ☐ Clinical alarms reviewed and individualized

NEUROLOGICAL ☒ See Neurological Flowsheet

LOC: Responsiveness ☒ Alert ☐ Pain ☐ Verbal ☐ Unresponsive

Orientation ☒ Person ☒ Place ☒ Time

Speech ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Aphasic ☐ Intubated/Trach

Grips: Right ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A

Grips: Left ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A

Pupils: Right ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3mm

Pupils: Left ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3mm

CARDIOVASCULAR ☐ See Vascular Flowsheet

DVT Prophylaxis ☒ Mechanical ☐ Pharmacology

Edema: ☐ Absent ☐ Present*

PULSES: Palpable / Doppler / Absent*

	RADIAL:	DORSALIS PEDIS	POST TIBIAL:
	☒ Right ☒ Left	☒ Right ☒ Left	☒ Right ☐ Left
	☐ Right ☐ Left	☐ Right ☐ Left	☐ Right ☐ Left
	☐ Right ☐ Left	☐ Right ☐ Left	☐ Right ☐ Left

PACEMAKER:
☐ Temporary Milliamperes _____ Rate _____ ☐ Permanent ☐ AICD ☐ AICD/Pacemaker

HEMODYNAMIC MONITORING ☒ N/A

Arterial LINE via _____ ☐ Insertion Date _____
☐ Distal Circulation Intact
☐ Square Wave test completed

PULM ART CATH via N/A ☐ Insertion Date _____
Balloon Inflation for PCWP _____
☐ Square Wave test completed

PULMONARY

Respirations ☒ Symmetrical ☒ Nonlabored ☐ Labored ☐ Accessory Muscle Use ☐ Other*

Breath Sounds ☒ Bilaterally Clear ☐ Other* ☐ Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*

Airway: Endotracheal ☐ Oral ☐ Nasal Size _____ Level _____

Trachea ☐ Trach Care Size _____

☐ Ventilator ☐ VAP Bundle ☐ Settings Checked Against Orders ☐ Noninvasive Ventilator

☐ Cannula _____ ☐ Mask _____
☐ T-Piece _____ ☒ Other Room Air

Cough ☐ Requires Suctioning* ☐ Productive ☐ Nonproductive

Chest Tubes Anterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ No Air Leak ☐ Low Cont. Suction + _____cm ☐ Fluctuates with Respirations

Chest Tubes Posterior ☐ Right ☐ Left ☒ N/A ☐ Gravity ☐ No Air Leak ☐ Low Cont. Suction + _____cm ☐ Fluctuates with Respirations

GASTROINTESTINAL **NGT** ☐ To Suction ☐ To Gravity ☐ Peg ☐ Clamped ☐ Placement Checked ☒ Other NPO x meds

Drainage Color ☐ Green ☐ Brown ☒ Other* Serous JP + Blake

Abdomen ☒ Soft ☐ Tender ☐ Distended ☐ Other*

Bowel Sounds ☐ Absent* ☒ Present

Incontinent ☐ Stool ☐ Fecal Incontinent System

_____ Ostomy

PAIN SCALE (0 - 10) 0/10

Location abd

Quality achey

SKIN ☒ Warm ☒ Dry ☐ Other*

Pressure Ulcer ☐ Yes* ☒ No

☒ Turned at least every 2 hours ☐ Moves Independently

PRECAUTIONS ☐ Seizure ☐ Aspiration ☐ Other* ☒ High Risk

GENITO URINARY ☐ Voiding ☐ Incontinent ☒ Foley care ☐ Other* ☐ Foley D/C'd* ☐ Due to void

Isolation ☐ Airborne ☐ Droplets ☐ Contact

Urine ☒ Clear ☐ Cloudy ☒ Yellow ☐ Concentrated ☐ Hematuria ☐ _____

Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ _____

*RN note required

Pupil Size (mm) 2 3 4 5 6 7 8 9

RN Signature	RN Signature	RN Signature
T. Lemon RN		
Print Name	Print Name	Print Name
T. Lemon RN		

Form 1972 (Rev. 10/15/2010)

SV0201

Lutheran Medical Center
Brooklyn, New York 11220

Side 3 of 4

Critical-Care/Progressive Care Nursing Record

Patient's Name [redacted]
MR #: [redacted]
Acct #: [redacted]
Medical Record Name: VINSON,STEPHEN
Sex: M DOB: [redacted] Admit Date
Admit Date: 12/22/2013
Physician's Nar Loc: SCU 4202P Ch Loc:
Dr: 9928 TRAUMA, NEMR

IMPORTANT:
1. Provider, sign your name; enter date and time.
2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4 , MgSO4, µ (write "micro"), use 0.1 not .1 ; use 2 not 2.0

I. PHYSICAL ASSESSMENT

Date 12/30/13 Time 8AM Shift ☒ AM ☐ PM [To be completed at least once per shift]

☐ ICU ☐ MICU ☒ SICU ☐ CCU ☐ Respiratory Stepdown ☐ Intermediate ☐ PCI Unit ☐ Post Op

Activity CBR

☒ Clinical alarms reviewed and individualized

NEUROLOGICAL ☒ See Neurological Flowsheet
LOC: Responsiveness ☒ Alert ☐ Verbal ☐ Pain ☐ Unresponsive
Orientation ☒ Person ☒ Place ☒ Time
Speech ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Aphasic ☐ Intubated/Trach
Grips: Right ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Grips: Left ☒ Moves Spontaneously to Commands ☒ Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A
Pupils: Right ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3mm
Pupils: Left ☒ Reactive ☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Size 3mm

CARDIOVASCULAR ☐ See Vascular Flowsheet
DVT Prophylaxis ☒ Mechanical ☐ Pharmacology
Edema: ☒ Absent ☐ Present*
PULSES: Palpable / Doppler / Absent*
RADIAL: ☒ Right ☒ Left ☐ Right ☐ Left ☐ Right ☐ Left
DORSALIS PEDIS: ☒ Right ☒ Left ☐ Right ☐ Left ☐ Right ☐ Left
POST TIBIAL: ☒ Right ☒ Left ☐ Right ☐ Left ☐ Right ☐ Left
PACEMAKER: ☐ Temporary Milliamperes ____ Rate ____ ☐ Permanent ☐ AICD ☐ AICD/Pacemaker

HEMODYNAMIC MONITORING ☒ N/A
Arterial LINE via ____ ☐ Insertion Date ____
☐ Distal Circulation Intact ☐ Square Wave test completed
PULM ART CATH via ____ ☐ Insertion Date ____
Balloon inflation for PCWP ____ ☐ Square Wave test completed

PULMONARY
Respirations ☒ Symmetrical ☐ Nonlabored ☐ Labored ☐ Accessory Muscle Use ☐ Other*
Breath Sounds ☒ Bilaterally Clear ☐ Other* ☐ Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*
Airway: Endotracheal ☐ Oral ☐ Nasal Size ____ Level ____
Trachea ☐ Trach Care Size ____
☐ Ventilator ☐ VAP Bundle ☐ Settings Checked Against Orders ☐ Noninvasive Ventilator
☐ Cannula ____ ☐ Mask ____ ☐ T-Piece ____ ☒ Other Room Air
Cough ☐ Requires Suctioning* ☐ Productive ☒ Nonproductive

Chest Tubes Anterior ☒ N/A ☐ Right ☐ Left ☐ Gravity ☐ No Air Leak ☐ Low Cont. Suction + ____cm ☐ Fluctuates with Respirations
Chest Tubes Posterior ☒ N/A ☐ Right ☐ Left ☐ Gravity ☐ No Air Leak ☐ Low Cont. Suction + ____cm ☐ Fluctuates with Respirations

GASTROINTESTINAL NGT ☐ To Suction ☐ To Gravity ☐ Peg ☐ Clamped ☐ Placement Checked ☒ Other NPO
Drainage Color ☐ Green ☐ Brown ☐ Other*
Abdomen ☒ Soft ☐ Tender ☐ Distended ☐ Other*
Bowel Sounds ☐ Absent* ☒ Present
Incontinent ☐ Stool ☐ Fecal Incontinent System
____ Ostomy
PAIN SCALE (0 - 10) 0/10
Location ____ Quality ____

SKIN ☒ Warm ☒ Dry ☐ Other*
Pressure Ulcer ☐ Yes* ☒ No
☐ Turned at least every 2 hours ☒ Moves Independently

PRECAUTIONS ☐ Seizure ☐ Aspiration ☐ Other* ☒ High Risk
GENITO URINARY ☐ Voiding ☐ Incontinent ☒ Foley care ☐ Other* ☐ Foley D/C'd * ☐ Due to void
Isolation ☐ Airborne ☐ Droplets ☐ Contact
Urine ☒ Clear ☐ Cloudy ☒ Yellow ☐ Concentrated ☐ Hematuria ☐ ____
Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ ____

*RN note required Pupil Size (mm) 2 3 4 5 6 7 8 9

RN Signature / Print Name	RN Signature / Print Name	RN Signature / Print Name
J. Converter RN		

Form 1972 (Rev. 10/15/2010)

SV0199